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** CONTINUING DATA ***** ** FOREIGN APPLICATIONS ***** ** IF REQUIRED, FOREIGN FILING LICENSE GRANTED ** 05/14/2004						
Foreign Priority claimed <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No 35 USC 119(a-d) conditions met <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No Verified and /GLENN K DAWSON/ Acknowledged Examiner's Signature		<input type="checkbox"/> Met after Allowance Initials	STATE OR COUNTRY MA	SHEETS DRAWINGS 8	TOTAL CLAIMS 19 37	INDEPENDENT CLAIMS 1 2
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TITLE METHODS AND DEVICES FOR REPAIRING TISSUE						
FILING FEE RECEIVED 1206	FEES: Authority has been given in Paper No. _____ to charge/credit DEPOSIT ACCOUNT No. _____ for following:		<input type="checkbox"/> All Fees <input type="checkbox"/> 1.16 Fees (Filing) <input type="checkbox"/> 1.17 Fees (Processing Ext. of time) <input type="checkbox"/> 1.18 Fees (Issue) <input type="checkbox"/> Other _____ <input type="checkbox"/> Credit			